

FEE: \$80

Payable to:
Maine State Treasurer
(AB1421 \$80)

BRANCH OFFICE LICENSE APPLICATION

MAINE REAL ESTATE COMMISSION
35 STATE HOUSE STATION
AUGUSTA ME 04333-0035

FOR MREC OFFICE USE ONLY

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

LIC NUMBER _____

LIC TERM _____

Instructions: Read instructions carefully before completing your application. Print clearly in ink and include all required enclosures. Mail your application to **Maine Real Estate Commission, 35 State House Station, Augusta, Maine 04333-0035**. Incomplete applications will be returned.

Legal and trade names of the branch office **MUST** be the same as the main office.

Each location other than the main office (including licensees' homes) where real estate brokerage business is regularly conducted or that is advertised as a location where the public may contact the agency or its employees concerning brokerage services must be licensed as a branch office. See 32 M.R.S.A. Chapter 114, Subchapter III.

Agency licensees who will staff the branch office are encouraged to file a change of license application to formally register affiliation with the branch office to ensure accurate business contact information is available to the public. The agency's main office address and phone number is the default contact information if a licensee is NOT formally affiliated with a branch office.

The Designated Broker of the main office is the branch manager unless otherwise indicated. Any branch manager must hold a broker's license.

LEGAL NAME OF MAIN OFFICE: *If an Individual Proprietorship, this is the Designated Broker's name*

TRADE NAME OF MAIN OFFICE:

MAIN OFFICE LICENSE NUMBER

MAIN OFFICE EXPIRATION DATE *MM / DD / YYYY*

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

BRANCH MANAGER (MUST HOLD A BROKER LICENSE) *Print Branch Manager's Name*

BR. MANAGER LIC# BR *XXXXXX* EXP DATE: *MM / DD / YYYY* SIGNATURE *Branch Manager's Signature*

BRANCH OFFICE PHYSICAL LOCATION:

Street City

County State & Zip

Phone number Fax Number

Email Address Company Website

BRANCH OFFICE MAILING ADDRESS (if different than physical location)

Street or PO Box City

County State & Zip

LICENSEES WHO WILL STAFF BRANCH OFFICE (*print name & license number & attach change of license applications*).

Name and license number Name and license number

Name and license number Name and license number

DESIGNATED BROKER'S NAME *Print Designated Broker's name*

DB SIGNATURE *Signature of Designated Broker* DATE *Date*

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION - OFFICE OF LICENSING & REGISTRATION

Office Information: Courier/Delivery address: 122 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8518 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing